DOCUMENT RESUME

ED 158 204 CG 012 799

AUTHOR Hicks, Sonja; And Others
TITLE Health Careers Handbook.
PUB DATE [77]
NOTE 41p.

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Career Planning; College Students; *Females; Guides; *Health Occupations Education; Higher Education; *Medical Education; Medical Schools; Qualifications; *Vocational Interests

ABSTRACT

Counseling the premedical applicant requires knowledge of the major steps in applying to medical school including self-assessment, career exploration and careful and knowledgable application. Students must be aware of what it means to "do" medicine on a day-to-day basis, the frustrations, the pain and the sorrow as well as the rewards, before making a meaningful decision. They must ask questions about the real reasons for aspiring to a medical career. For example, if they are interested in science and want to help people, why not consider nursing or medical technology? If they want more complete control over patient care, why not consider osteopathic as well as allopathic medicine? If status is important, then it is critical that they so admit and make decisions on that basis. In addition to these issues, the discussion centers around the problem of balancing realism with encouraging women to enter careers in medicine and counseling the rejected applicant. In the latter case, special attention must be paid to how to reassess reasons for unsuccessful candidacy, how to build a strong case, and how to consider an alternative career. (Author)

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HEALTH CAREERS

HANDBOOK

ED158204

U.S. DEPARTMENT OF HEALTH
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Prepared by:

Sonja Hicks, Associate Professor of Chemistry
Barbara B. Lazarus, Director of Career Services
Sylvia E. McMullen, Health Careers Counselor
Dorothea Widmayer, Professor of Biology

For:

The Premedical Advisory Committee

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HEALTH CAREERS HANDBOOK

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CHAPTER I

CONSIDERING HEALTH CAREERS, OR,"I LIKE SCIENCE AND I WANT TO HELP PEOPLE..."

Health care is the single largest growing service industry in the Northeast; there are now over 600 different health careers and more are emerging all the time. Women interested in productive rewarding careers helping people have a wide variety of professional choices in health care. This handbook will provide a brief synopsis of major options available within this wide spectrum of careers. It should be examined carefully by those who are considering entering medical training and practice, as well as those contemplating the emerging role of women in health care, or the best method of combining financial and academic resources to design a personally satisfying and fulfilling career. Any women considering medicine should be especially aware of the sacrifices and determination it requires, and the rewards available in other professional health care fields. An assessment of your personal attitudes and values may bring the decision that public health, pharmacy, dentistry, or optometry is best suited to your other life/work objectives. Remember, in order to make an educated decision, you must be aware of the diversity of your choices.

Unfortunately, for many students, the decision to enter health care is not so well considered or carried out. While for some the decision adds an extra dimension to their college experience - a dimension characterized by commitment, hard work, and new experiences, for others the decision seems to be a source of continual worry and concern over grades, withdrawal from participation in the larger community, and a narrowed personal development. If you are interested in a health career, remember, with careful planning you can meet the requirements, study what you wish, and develop as a total human being. A decision to enter a health field is not a decision for four "narrow-minded", "grade grubbing", or competitive years. Take the time you need to explore what you want, learn what you feel is important, and make the best possible decision.

SELF-ASSESSMENT

Although you may feel there is no doubt about your career choice, choosing a health field is a decision that should be repeatedly questioned as you learn more about yourself and your values. The fact that most health careers involve time consuming and costly training makes the decision particularly crucial. You can begin this process of self-assessment by determining your interests, abilities, and skills and relating these to your goal. For example, to determine your interests you may ask yourself such questions as:

- What activities do I find enjoyable, satisfying, engrossing, and fulfilling? What if anything, do these have in common?

- What kinds of activities do I find boring, tiresome, dull, tedious, and uninteresting? What do these activities have in common?

It is important to consider these questions in relation to different aspects of your life: course work, internships, summer jobs, experiences with friends and family.

This same process can be used to identify your abilities, aptitudes and skills. Look at the various aspects of your life and answer the following questions:

- What kinds of things do I learn easily? What do these things have in common?
- What are my strongest skills?
- What are my areas of weakness?
- What kinds of things have I had difficulty learning or mastering? Do they have anything in common?

Many people don't consciously think of their values when they are considering an occupation, yet values, attitudes and beliefs are vital to a decision to enter a health career. Remember, choosing a career also means choosing a lifestyle. Consider:

- In what kind of setting do you want to work?
- How much autonomy do you want to have?
- Do you like working under pressure?
- How important is it to you to make money, have status or prestige?

Answer these questions honestly; then take a long look at what it means to "do" the occupation you are considering on a day to day basis - the heavy commitment of personal time and energy, the daily function of taking care of sick people, as well as the reward of helping and the intellectual challenges available.

CAREER EXPLORATION

- *Reading Literature*

How can you find out what it would be like to be part of a particular profession? Reading and research are very good first steps in learning about different types of health careers. Chapter II of this handbook provides information on 15 major professional options. The Career Services Office Resource Center, Room 442, Green Hall, has backup information on these and a wide variety of other health careers, graduate schools, and training programs. It may also be helpful to read professional journals and periodicals in fields that interest you, or books that have been written about women in these areas. In addition to reading, it is helpful to hear people from various fields talk about their own jobs. In the fall and spring of each year, the Career Services Office, the Premedical Advisory Committee, and the Health Professions Club, hold career exploration meetings on a wide variety of topics at which alumnae and other people talk about the nature of their work. Meetings are announced in the CAREER PLANNING NEWS, the Career Services Newsletter which is distributed to all residence halls, the WELLESLEY NEWS and through special mailings.

- *Talking to People*

Even after reading or hearing about various fields you will probably still have questions about what people really "do" on the job. Asking questions of people in various professional areas can be a very good way to round out your knowledge. Sometimes called "interviewing for information" you can easily initiate this type of interview with the help of the Career Services counselors who have names of alumnae working in various fields around the country who have volunteered to share their experience with other alumnae and students. What kinds of questions should you ask when you talk to these people?

- What is the nature of your work? What actually happens on a day to day basis?
- What is it like to be trained to do your job? Would you recommend your particular or a different training program?
- What are the prospects for mobility or flexibility in your field?
- What are the personal traits that seem to make a person successful in this work?
- What satisfactions are available?
- What are some of the negative aspects?

- *Practical Experience*

Reading and asking questions are good ways to learn about an occupation. But how do you know if you have a strong desire to help severely injured or seriously ill people? Can talking to people tell you whether or not you enjoy being in a position where you help others, or would prefer to administer a large health care facility? Obviously, reading, talking, and taking courses do not answer these questions completely. How can you get this information?

- By spending time with someone whose work interests you.
- By serving as a volunteer in different kinds of clinical settings.
- By finding employment in a health care setting in the summer or January term.
- By participating in a project where you are a helper and there are people who need your help.

Before your junior year it is helpful to explore the field you are interested in through an internship, term time work, summer jobs or extra curricular activities. Not only do such experiences help you gain insight into the nature of various kinds of occupations and help you to develop specific interests, but they also help you test your own strengths and weaknesses. Moreover, they give you experience that makes your application look more interesting to a graduate program.

The Career Services Office has information on a wide variety of opportunities available term time, summer and January in the local areas and throughout the country. Some are paid, most are volunteer. Information on paid jobs is available through the Financial Aid Office and volunteer opportunities can also be arranged through the Opportunities-in-Service Program sponsored by the Chaplaincy. Information on all these activities is available from the Internship Coordinator in Career Services, who also serves as the liaison among many of these programs. There are notebooks of opportunities in the reception area in the main office of the Career Services in Green Hall. It is also a good idea to check frequently in the CAREER PLANNING NEWS which often mentions internships, deadlines for applications, etc.

When searching for an experience, seek an opportunity which is meaningful, in which someone is specifically responsible for your activities, and where you participate in a variety of functions. Try to experience vicariously the rewards and frustrations of the people in the occupations you are exploring. When engaged in any of these activities think of yourself as a participant/observer with the opportunity to watch, listen, and to share tasks. And remember: the amount of sensitivity and enthusiasm you bring to the experience will determine the quality of the experience you have.

ADVISORS

Still another important way to find out about you and your interest in health is to make an appointment to have a discussion with an advisor, either a member of the Premedical Advisory Committee or the Health Career Counselor in the Career Services Office. Students can sign up for appointments with the Premedical Advisors in the Science Center, with the Premedical or Health Career Counselors in Career Services in the notebooks outside Room 441 Green Hall; alumnae may call or write for an appointment. An appointment with an advisor can serve many purposes. It can be a time to discuss and explore interests, values, future expectations, and dreams. An advisor can also help you learn more about the occupation and how to prepare your professional training application. Advisors have information on how and where to apply to school.

Pursuing a health career is a difficult, confusing and important process, but there are many resources to help you - both people and material. Use them wisely and well, and your decision making will be easier and more productive.

CHAPTER II

AN OVERVIEW OF THE HEALTH CAREERS; MODVOPPP AND MORE

The 1970's have seen a marked rise in the inclination of women toward many highly-skilled and specialized health professions and in the recruitment of women to professional schools in a number of health care fields including the still male-dominated health professions of medicine, dentistry, and veterinary science. The trends of the 1970's indicate a more balanced, less sexist orientation in every dimension of future health careers.

The Women's Action Program in the Department of Health, Education, and Welfare has done an extensive work entitled "An Exploratory Study of Women in the Health Professionals Schools"*which focuses on eight health careers and referred to as the MODVOPPP professions:

- Medicine
- Osteopathic medicine
- Dentistry
- Veterinary Medicine
- Optometry
- Pharmacy
- Podiatry
- Public Health

MEDICINE

Idealism, family tradition, status, power, financial rewards can all be good reasons for considering a medical career, but they must be balanced by a realistic knowledge of the responsibilities, obstacles, and sacrifices in a doctor's life. An individual looking forward to a medical career must be emotionally able to cope with the constant pressures of the sick and dying, physically strong enough to take on the six or more years of intensive study and clinical work after college, and intellectually capable of the rigorous coursework encountered in medical training.

Though the demands are high, the rewards are great and the medical profession continues to be one of constant challenge, growth, and fulfillment for the men and women who choose to be physicians.

The undergraduate requirements for medical school include a solid foundation in biology, inorganic and organic chemistry, physics, and mathematics as well as high academic achievement and outstanding intellectual capabilities deomonstrated by your grade point average (GPA) and scores on the new Medical College Admissions Test (MCAT) (also referred to as NMCAT). Medical schools also consider extracurricular involvement, practical experience in health care, and personal recommendations. All of these criteria reflect the total person and are intended to bring individuals with initiative, good judgement, intellectual curiosity, perserverance, and human warmth and understanding into the medical profession.

The fact that in 1970 women represented 6.9% of the active physicians in the U.S. and in 1974-75 comprised 22.2% of all first-year medical students * demonstrates the tremendous influx of women into medical careers. Women in the 1970's are redefining their roles in society and in the medical profession, which is cited as "the largest, most complex, richest, and most powerful of all MODVOPPP professions" and has attracted growing numbers of female applicants. Medicine and medical care today is characterized by great change. The impact of increasing numbers of women in medicine should allow women who comprise a major portion of medical clientele to have a more profound and viable role in the redefinition of economic, technological, and organizational bases of medicine.

* An Exploratory Study of Women in Health Professions Schools, Vol. II.

OSTEOPATHIC MEDICINE

Osteopathic medicine began in the U.S. in the mid-1800's and was conceived of as "a reformation of the traditional allopathic medical treatments which used extensive drugs and surgical procedures". * Dr. Andrew Taylor Still, the founder of Osteopathy, did extensive study on the body's muscular and skeletal systems exploring the concept of the body as a total system. He grew to believe that the body could heal itself internally if corrected externally. This focus has been the fundamental debate between allopathic (M.D.) and osteopathic (D.O.) medical practioners.

The osteopath gained some prominence in the U.S. during the critical shortage of M.D.'s which occured during World War II. Since D. O. 's were not drafted into military service, they stayed in the states and filled the health care void as general practioners. An understanding of the history of osteopathic medicine is important for students considering a career as an osteopath. There has been some trend since World War II, to accept osteopaths into the traditional ranks of physicians, and in 1973 Mississippi was the last state to finally grant D.O.'s full license to practice, making it possible for an osteopath to work in any state in the Union. Although the status of osteopathic medicine is in transition, opportunities are increasing, and in some states osteopaths can be certified as M.D.'s. According to the Exploratory Study of Women in the Health Professional Schools, "Osteopathic medicine now offers specialty training in most of the areas that allopathic medicine does. However, licensure as an osteopathic specialist requires completion of an American Osteopathic Association (AOA) approved residency. The AOA has purposely limited the number of these residencies to keep the profession's primary care emphasis".

There are 12 accredited schools of osteopathic medicine in the U.S. which require the same basic undergraduate training in biology, chemistry, physics and math at do other U.S. medical schools. With the persistent increase in students and facilities, as well as the option of specialization in most fields available in allopathic medicine, osteopathic medicine seems assured of growth.

DENTISTRY

Dentistry is the occupation that many feel is most similar to medical doctor. Like a physician, a dentist is an autonomous professional who has direct patient contact, the ability to diagnose and prescribe, and the option of an independent practice. The undergraduate science requirements are the same as for medical school, with the fundamentals of biology, chemistry, math, and physics essential. The professional training in dental school parallels the rigors of medical school with three to four years of intensive post-baccalaureate training. There are no internship or residency requirements, and most dentists begin independent practice immediately upon receipt of their degree. Some dentists, however, do decide to return to school after several years of private practice for an advanced certification which would enable them to enter practice in one of the eight areas of specialization: dental public health, endodentics, oral pathology, oral surgery, orthodontics, pedodontics, periodontology, and prosthodontics. (See Admissions Requirements of American Dental Schools in the Resource Center for Additional information.)

The opportunities for women and minorities in dentistry are growing as many schools actively recruit qualified applicants. The percentage of women in the first year classes of dental schools rose from 1.6% in 1969=70 to 12.2% in 1975-1976. **

* Journal of the American Osteopathic Association, April 1977.

** Chronicle of Higher Education, January 16, 1978.

The lack of sufficient role models in dentistry and the predominance of males in dental schools have contributed to the failure of many women to consider the potential of dentistry as a career. Yet, the advantages for women are numerous. Although the training during dental school is often rigorous, the omission of the internship and residency period allows for a more flexible schedule of family and career planning. The independent regulation of office hours, the lack of "on-call" time, and the prospects of group practice make dentistry an appealing option for women considering the complete spectrum of life/work planning. The financial rewards and employment outlook for dentists are both excellent and give added substance for serious consideration of careers in dentistry for women.

VETERINARY MEDICINE

The familiar model of the urban private practice veterinarian and the rural farm animal doctor represent only a few of the career options open in the field of veterinary medicine today. Forty percent of today's veterinarians choose careers that allow them opportunities to investigate the causes of animal diseases, to examine the public health aspects of animal pathology, or to do research on ways in which animals can be used to study the patterns of human disease. Vets have even been known to work in conjunction with pet food companies and livestock feeders to determine nutritional needs of animals. Veterinarians are in great demand not only in private practice with both large and small animals, but also in the government, industry, and universities.

The post-baccalaureate training in veterinary medicine includes four years of training that is very similar to that of medical schools. In order to practice, you must pass a state licensing exam. The undergraduate science prerequisites are the same basic pre-medical courses in biology, chemistry, physics and math.

There are 19 schools of veterinary medicine in the U.S. and three in Canada. Like medical schools, the U.S. schools give priority to state residents and competition to these schools is fierce. Some schools have reciprocity agreements with other states and do consider applicants from states that do not have a veterinary school, but only on a limited basis. Anyone interested in veterinary medicine might consider establishing residency in one of these states well in advance of an application for admission. For example, only the University of Pennsylvania and Cornell would consider prospective candidates from Massachusetts.

The field of veterinary medicine is highly diversified and offers excellent employment prospects for the future. The percentage of women in veterinary schools has risen dramatically in recent years, from 9% in 1968-69 to 24.4% in 1974-75.

New equipment for veterinary surgery, the expansion of veterinarians into the realm of research, and the increasing demand for urban, small animal vets have transformed the profession to one of more active female participation and acceptance.

OPTOMETRY

By definition, optometry is "the examination of the eyes without the use of drugs or medicine for nearsightedness, farsightedness, etc., and the fitting of glasses to correct these defects". However, modern optometrists have come to view their services in relation to overall visual performance such as visual efficiency, development, comfort, and skills. Because 48% of the U.S. civilian population aged three years and over wear corrective lenses, there is a growing demand for the services of competent optometrists.

Four years of professional education are required to attain the terminal degree of Doctor of Optometry (O.D.). Entrance requirements are from two to three years of undergraduate education with demonstrated proficiency in the basic sciences as well as mathematics. The majority of first-year students have a bachelor's degree.

In 1968, the American Optometric Association, in concert with the Women's Bureau of the U. S. Dept. of Labor developed a brochure to attract women into optometry. They have utilized women practitioners who expressed an almost unanimous willingness to counsel women considering the optometric profession. These efforts have borne fruit as evidenced by the increased numbers of women entering shcools of optometry. The New England College of Optometry has a Minority Recruitment Program that is actively recruiting women and minorities. For further information on admissions requirements and recruitment, check in the Resource Center.

PODIATRY

Podiatry, as a discipline, is concerned with the prevention, diagnosis, and treatment of diseases and other ailments of the feet. In recent years, it has become a more distinct and separate medical profession because of researched evidence that the feet can affect other parts of the body structure as well as reveal many other bodily disorders. Like physicians, podiatrists are specialists who can enjoy direct patient contact, professional autonomy, as well as the flexibility to work in a hospital setting or to enjoy the independence of private practice.

There are five schools of podiatry in the United States which require applicants to complete basic science requirements in biology, chemistry, and physics in addition to several courses in math and social science before entering their four year programs. Admissions criteria also include screening scores from the MCAT and the undergraduate GPA, and an application is enhanced by extracurricular work and volunteer activities in the health field.

The total female enrollments in United States schools of podiatry increased 178% between 1970-71 and 1974-75. * This tremendous increase in female students reflects not only the emergence of podiatry as a growing health care field that can provide women practitioners, but also the willingness of schools of podiatry to respect the capabilities and potential of female applicants. More details of the schools of podiatry and specific program information is available in the Medical Career Information section in the Resource Center.

PHARMACY

As most people know, the primary function of a pharmacist is preparing and dispensing drugs at the prescription of a physician. Pharmacists, however, also participate in the health education of the community by advising customers about the use of non-prescription drugs and by referring people to other health professionals. Pharmacy, a well-respected, independent profession involving close communication with physicians and limited contact with persons in need of health care, is a fundamental aspect of medical treatment and continued opportunities for growth are available in hospitals, clinics, and independent businesses.

* An Exploratory Study of Women in the Health Professions Schools, Vol. I P. A171

Pharmacy has traditionally attracted a higher percentage of women than other MODVOPPP occupations, partially because of the flexibility in working hours and work setting. The number of women entering schools of pharmacy is steadily increasing and more than one out of five students are female. The 73 accredited colleges of pharmacy in the U. S. require at least two years of undergraduate training in math, chemistry, biology, and physics. Though most first year students have a B.A. degree, a pharmacist with exceptional potential may complete the four-year pharmacy training and become a licensed pharmacist after only six years of post-high school training. This, along with the absence of internship and residency requirements, has served to attract women to pharmacy as a profession.

The employment prospects for pharmacists are expanding in pharmacy services in hospitals and clinics, as well as in pharmaceutical research for drug companies and government health agencies. The future career growth for qualified pharmacists is very promising and offers a rewarding career for those interested in allied health fields. More information on colleges of pharmacy and career opportunities is available in the Resource Center.

PUBLIC HEALTH

Public health differs dramatically from other health careers because it spans a broad range of fields that can each be considered professions unto themselves. Public health schools teach methods of improving general health conditions in the community through programs such as:

Environmental Health
Epidemiology
Biostatistics
Nutrition
Maternal and Child Health
Health Care Administration
Community Health Education
Parasitology
Population Studies

Many of these programs are designed specifically for doctors, nurses, or nutritionists who, as specialists, want to focus on a particular aspect of public health, such as Maternal and Child Health. Admissions requirements for schools of public health are structured to meet the needs of each autonomous department and students interested in specific programs should carefully research the criteria of those departments within schools of public health.

There are 19 accredited schools of public health in the U.S. in addition to programs affiliated with preventive medicine divisions of medical schools or in the arts and sciences schools of universities. The traditional degree granted in two-year programs is an M.P.H. (Master of Public Health); however other programs, of varying length, grant an M.S. or a D.P.H. degree.

Due to increasing demands for quality health care throughout the world, the need for professionals trained in health planning, epidemiology, and environmental health will continue to grow. Women constituted 36% of the graduates from public health schools in 1971 and were 47% of the first year class of 1974-75. These statistics reflect the significant advances already made by women in the field of public health. Those considering a career in public health should not find the barriers still present in other technical health fields. For further research, the catalogs from schools of public health are available in the Resource Center.

HOSPITAL AND HEALTH CARE ADMINISTRATION

The field of Hospital and Health Care Administration is rapidly expanding due to the growing need for health services, especially in our congested urban areas. The focus has recently been transformed from a system which recognized doctors as potential administrators to one where administrators need professional training in management, business administration, finance and the operation of the health care facility. Hospital administrators may work not only in public and private hospital, but also in nursing homes, comprehensive health clinics, rehabilitation centers.

Prerequisites for graduate programs in hospital and health services administration include undergraduate preparation in economics, sociology, finance, statistics, psychology, and personnel administration, although no specific major field is required. It is important to remember that the administrator's task is to develop an effective staff of physicians, nurses, pharmacists, dieticians, and other support personnel which will provide the community with adequate health services. Work in this field requires vitality, stamina, and the versatility and confidence to work well in directing the health care team.

Many major universities in the United States offer graduate degrees (usually a Master's program) in hospital and health care administration. These programs may be found within business, public health, or medical schools and are designed to give training in management theory, organizational behavior, economics, law, and health services systems. The core curriculum of individual programs should be carefully researched by potential applicants since program length, degrees granted, and course offerings are quite different in each school.

HEALTH POLICY AND PLANNING

Health policy and planning refer generally to the design of a more effective health care system. This goes hand-in-hand with health care administration - while the planner is involved in decisions about size, location, and scope of hospitals, and community health care facilities, the administrator must be concerned with the implementation of policy. Many people believe a crisis in health care today is due in large part to the poor distribution of our health manpower and resources. It is the challenge of the health policy makers and health planners to analyze and reorganize the system of health service delivery.

Programs in health policy and planning can be found in schools of public health, business or management, medicine, and public policy. A student with a B.A. interested in this field should carefully investigate the program's "core" curriculum, faculty, internships, and job prospects to find the school and the program which will best meet his/her career objectives. For example, Harvard's School of Public Health instituted a program in 1973 in Health Policy and Management that accepts applicants with B.A. degrees. While admission criteria vary considerably from school to school, a strong academic base in economics, business, physical and social sciences is helpful. Those seeking more information should examine carefully the sections on Hospital and Health Administration and Public Health in the Resource Center.

THE MEDICAL SCIENCES

Research on the causes, treatment, and prevention of disease is of critical importance to the medical profession. Basic and clinical research done by M.D. and Ph.D. scientists extends into a diverse range of fields in biology, chemistry, physics, and

mathematics. These professional researchers may be employed by private foundations such as the American Cancer Society, government agencies such as the Food and Drug Administration, as well as private and commercial laboratories, hospitals, clinics, and medical schools. The opportunities in the medical sciences have tremendous challenge, and though government and private funding sources have fluctuated in recent years, medical science research continues to attract talented and imaginative researchers from academia and the medical profession.

Most applicants for Ph.D. science programs have an undergraduate major in the sciences and have completed substantial work in scientific research. Anatomy, physiology, genetics, cell biology, microbiology, biochemistry, bacteriology, entomology, and parasitology are just a sampling in the range of career options. Biophysics, biomathematics, and bioengineering are more recently developed specialities for the medical researcher. Students are encouraged to seek a specific department within a university or medical school for admissions information into the small, highly competitive research programs. Most medical schools accept a very limited number of Ph.D. candidates who have not completed M.D. training. For additional information on careers for medical science research, consult the Health Career Guidebook published by the U.S. Department of Labor which is available in the Resource Center.

SPEECH PATHOLOGY AND AUDIOLOGY

The profession of Speech Pathology and Audiology is concerned with communication competency as manifested in speech, language, and hearing. Speech Pathologists and Audiologists provide clinical services for children and adults and engage in basic and applied research. Certified practitioners may work in a variety of settings including hospitals, community clinics, schools, and also in private practice. Many private practitioners also function as consultants to school boards, and other educational and community agencies.

Unlike many other specialized health careers, Speech Pathology and Audiology recognize a Master's degree in Speech Pathology and Audiology as sufficient for a practicing clinician. A Ph.D. may be required for faculty members in a university division of Speech Pathology and Audiology and for persons deeply involved in the research aspects of the profession.

The post-baccalaureate training for a Speech Pathologist would span from two to four years depending on whether the objective was an M.A. or Ph.D. degree. A solid pre-professional background in natural and social sciences is essential for graduate work in the field. The future demand for Speech Pathologists and Audiologists is projected to far exceed the supply, and opportunities for women and minorities in this field are significant. For additional information ask for the Guide to Graduate Education in Speech Pathology and Audiology in the Therapy Occupations Notebook in the Resource Center.

NURSING

Nursing is a traditionally female profession which is in the midst of tremendous change. The role of "hospital nurse", while still dominant, is expanding into the more flexible roles of nurse-practitioner, nurse-midwife, and psychiatric and public health nurse. Nurses seeking more independence and greater responsibility may, as nurse-practitioners, make judgements about patient needs and develop more efficient methods of implementing effective direct-patient care.

The hierarchy in the nursing profession is based on degree of training. The Licensed Practical Nurse (LPN) does routine patient maintenance and requires one year of training. The Registered Nurse (RN) has several options for training: a two-year curriculum offered by junior and community colleges; three-year diploma programs given by hospitals; four-year Bachelor of Science programs through colleges and universities. The R.N. with a B.S. degree can continue her education by specializing in psychiatric, public health, pediatric, obstetric, or surgical nursing and go on to nurse practitioner and nurse-midwife programs which may include a Master of Science in Nursing.

Nurse-practitioners can provide complete primary care to patients who are not critically ill and are supervised only minimally by an M.D. They may also go into private practice which allows a great deal of autonomy in taking histories, doing physical examinations, and counseling patients on proper nutrition and general health care.

Nurse-midwifery has grown in recent years into a specialized field which allows nurses to work with obstetricians in providing proper pre-natal care and performing deliveries in many states. The nurse-midwife has developed as part of the trend toward natural childbirth and closer involvement of both parents in the birth process. The nurse-midwife counsels expectant parents, provides family planning assistance, and is prepared to deliver complete maternity care from early pregnancy through delivery and post-partum care, as long as the patient's progress is normal. The number of nurse-midwives has tripled over the last decade; only Colorado prohibits practice totally, while Massachusetts, Nebraska, and California still have restrictive laws on midwifery.

Nursing continues to be a highly marketable profession; the need for nurses nationally has mushroomed, and the employment outlook is excellent along with improved salaries and increased responsibility. For more information on nurse's training for liberal arts graduates, check in the Resource Center's Health Care Notebooks.

PHYSICIAN'S ASSISTANT

A relatively recent phenomenon in medical care is the belief that individuals working under the supervision of a physician should be trained to take over some traditional physician's duties. This concept has been personified in the Physician's Assistant (PA). Originally designed as a means of giving ex-Army medical corpsmen the opportunity to utilize skills acquired during military action, this occupation is also based upon the belief that physicians could be released from many mundane activities such as taking histories and performing routine physicals.

Physician's Assistant or Associate programs have been developed in many major universities including Yale, Duke, Emory, Northeastern, and Colorado, and graduates of these programs have found an overwhelming demand for their services. The admissions committees have been highly selective and have chosen candidates with strong academic success in the physical and social sciences. Internship experience in health care and other helping professions can also enhance applications.

Changing roles in the health care system will affect the future of Physician's Assistants, whose job description overlaps that of a Nurse-practitioner in many responsibilities. Many decisions are still pending in state legislatures about enacting licensing and certification requirements which would include standardized examinations and regulations for specified coursework completion within each state.

The continued demand for both nurse-practitioners and P.A.'s indicates that both will have a role in the emergence of improved health care delivery systems.

Physican's Assistant will clearly be an innovative and redefined profession for several years, but one that affords a great deal of challenge and ingenuity for those that choose this career path. Additional information on Physician's Assistant and Associate programs can be found in "Physician Support Personnel and Other Emerging Health Occupations" published by the American Medical Association available in the Resource Center.

MENTAL HEALTH CAREERS

Included in the fields of mental health workers are Clinical Psychologists, Psychiatric Social Workers, Rehabilitation Counselors, and members of the Therapy professions. Each performs a prescribed function as part of the health care team.

- *Clinical Psychologist*

The Clinical Psychologist goes through a rigorous and acutely selective 4-year training program which grants the Ph.D. degree and certifies the Clinical Psychologist to work with personality development and treatment of psychopathology in children and adults. The American Psychological Association's publication Graduate Study in Psychology is the best source of information for programs in clinical psychology and is available in the Resource Center.

- *Psychiatric Social Worker*

Psychiatric Social Workers work as part of a health care team by utilizing available resources to alleviate a patient's personal, family, and economic dilemmas. A case history and general counseling session could be done by the social worker in a hospital mental health clinic, college counseling center, school, court clinic or multi-service community health center.

The training for a Psychiatric Social Worker consists of a 2-year program, including supervised practicums, which leads to the Master of Social Work degree (MSW). Licensing is required in most states after prerequisites of full-time experience and completion of an examination have been met. Summary Information on Master of Social Work Programs published by the Council on Social Work and Education is available in the Resource Center with specific admissions criteria and program information for the MSW.

- *Rehabilitation Counselor*

Rehabilitation Counselors, through counseling and other coordinated services, help handicapped or disadvantaged individuals become employable. Today clients include drug addicts, alcoholics, juvenile and adult offenders, as well as the emotionally disturbed, the mentally retarded, and the blind and deaf.

The need for rehabilitation counselors is great, the necessity for persons sensitive to the plight of these individuals is ever-growing. Often college graduates with a B.A. in psychology or related social service fields can find a position with a state or local rehabilitation agency. The 2-year M.S. degree in Rehabilitation Counseling is considered a terminal degree, although some schools offer the Ph.D. for those interested in college or university teaching. Several booklets on Rehabilitation Counseling are available in the Resource Center.

Therapy is defined in Webster's New Collegiate Dictionary as the remedial treatment of a bodily disorder or treatment designed to bring about social adjustment. The therapy occupations, (occupational, physical, art, music, dance, and recreational), are designed to assist patients in socialization or readjustment following a physical or emotional illness.

- *Occupational Therapist*

The Occupational Therapist focuses on the therapeutic benefits of practical activities such as weaving, sculpting, or painting in helping a patient adjust to the physical disabilities and hasten the emotional recovery.

- *Physical Therapist*

Physical Therapists help disabled, ill, or injured persons achieve maximum physical functicn and independence. In conjunction with doctors, nurses, social workers, and other members of the health care system, therapists try to bring about the complete recovery of the patient.

- *Art, Music, Dance, and Recreation Therapists*

Art, Music, Dance, and Recreation Therapists utilize their expertise in a creative field to help psychiatric and physically disabled patients achieve a more thorough readjustment. As with physical therapists, their function is as part of a team of health professionals.

The training for the therapy occupations involves graduate training spanning two to three years for the B.A. degree holder. Details on schools, programs and admissions criteria can be found in the Therapy Occupations notebook in the Resource Center.

CHAPTER III

PLANNING YOUR PROGRAM: WHAT TO TAKE, WHEN, AND HOW

MEETING REQUIREMENTS

Most professional schools in the health fields require a minimum of three years of undergraduate college work, however, a majority of entering students have completed four years and have received the Bachelor's Degree. Students must have a thorough understanding of the concepts in the physical and life sciences. Biology, inorganic and organic chemistry, physics, and English are the most common subjects required, however, no specific major is required for schools. For example, although 80% of the medical school applicants in 1975 had majored in one of the sciences, the acceptance rate for other majors often exceeded the rate for biology or chemistry majors. In 1975, of the 15,522 biology majors applying, 34% were accepted and of the 244 philosophy majors applying, 49.2% were accepted.

Students interested in further study in health related areas should make an appointment to discuss their programs and plans with the Health Careers counselor or the Premedical counselor in the Career Services Office or other members of the Premedical Advisory Committee. Since membership on the Premedical Advisory Committee changes, be sure to check with the Secretary to the Committee in the Science Center for the names of current members. Students interested specifically in medicine, osteopathic medicine, veterinary medicine, and dentistry, should also register with the Secretary to the Premedical Advisory Committee and be assigned an official advisor from the Premedical Advisory Committee. The role of this advisor and the counselors in the Career Services is to inform, advise, and help students make realistic plans for their future careers and involvement in the health field. In addition, the Premedical Advisory Committee serves to support the application of Wellesley students and alumnae who meet the demanding requirements for admission, and who also demonstrate the ability to succeed in their plans in a number of specific ways. On behalf of the entire Committee, the student's advisor writes a "composite letter" of recommendations for distribution to the individual schools. And, during the year of interviewing and decision-making, the Committee continues to aid students who seek help in deciding among the alternative choices that arise.

As was discussed in Chapter II, requirements for particular programs vary considerably, and it is of great importance to investigate various catalogues and source books for the specific requirements of the programs and schools in which you are interested. For example, some veterinary schools require a course in rumination before matriculation. Other fields have equally unique requirements. In general, however, the following courses are adequate minimum requirements for most programs:

- Biology: One year with laboratory.
- Chemistry: Inorganic, one year with laboratory.
  Organic, one year with laboratory.
- English: One or two years; both composition and literature may be required.
- Mathematics: At least one half year of calculus is required by most schools.
  Some require one year.
- Physics: One year with laboratory.

In addition to the preceding courses, many schools encourage a student to take several courses in the social sciences, particularly as they relate to social, political and economic influences or health delivery systems. Courses in ethics and psychology are also often recommended. Some schools also suggest physical chemistry, and most have some opinions on the importance of courses in genetics, histology and biochemistry at the undergraduate level.

Students who have advanced placement in any of the required sciences are encouraged to use the equivalent time for advanced work in the same field, (e.g., AP credit in inorganic chemistry should be augmented by an advanced chemistry course). In some states, advanced placement for high school achievement in sciences does not meet licensure requirements. If you have completed all requirements early in your college years, you should also probably continue to take at least one science course a year to keep your knowledge current.

Since course requirements vary from school to school and many schools would like you to take science courses beyond the basic minimum, it is important to prepare yourself to meet the requirements of the schools which have the most demanding requisites. Look up the requirements expected from the schools you are potentially interested in, and plan your program accordingly. For accurate and current information, become familiar with the standard literature in your field. For example, premeds should read the Medical School Admission Requirements (MSAR), a book available from the Association of American Medical Colleges (AAMC) (ordered from AAMC, 1 Dupont Circle, N.W., Membership & Subscriptions, Suite 200, Washington, DC 20036). Copies of this book may also be used in the Science Center Library, the Resource Center of the Career Services Office in Green Hall, and at the desk of the Secretary of the Premedical Advisory Committee in the Science Center. The Resource Center and the Premedical Advisory Committee Secretary also have numerous other valuable reference guides for students interested in other health areas, many of which were mentioned in Chapter II.

- *Timing is Key*

As everyone knows, the course of study for students interested in health can be extremely demanding. Inevitably, there will be some students who decide late in their undergraduate years to apply to medical or other graduate schools in the health professions. This creates an urgency to fulfill requirements and accumulate data and can be unnecessarily burdensome. Although it will be impossible for many to make career decisions in their freshman or sophomore years, if you suspect you may be interested in pursuing a career in the health sciences, it is very important to plan to take the prerequisite courses as early as possible. For example, it is particularly important that you complete or be completing the basic science requirements before taking the new Medical College Admission Test (MCAT) or other standardized tests. Also, the earlier you take the English courses, the greater the impact on your ability to read, comprehend, and express your ideas clearly. Thus, in planning an undergraduate academic program, it is important to begin early to fulfill your minimum science requirements, and to keep your options open for selecting a major. Don't forget however, to make sure that you are fulfilling the degree requirements as outlined in the College Catalogue: distribution requirements, language requirements, adequate numbers, and timing of Grade III courses and physical education requirements.

Post degree students in the Continuing Education program should consult an advisor for help in planning a program suited to individual needs. It should be kept in mind that while standardized exams are best taken after the minimum requirements are completed, it is usually a year after the test before matriculation.

- *Wellesley Courses*

Following is a list of courses at Wellesley College which fulfill minimum science requirements. From time to time, course numbers will change and new options will be offered. The current catalogue should be your guide, and you may contact premedical or health career advisors for specific advice.

Inorganic Chemistry	Chemistry 100 or 103 and 104
Organic Chemistry	Chemistry 211 and 313
Biology	Biology 100 and 101
Physics	Physics 103 and 106; Physics 104 and 106; or Physics 110 and any Grade II course
Math	Math 115 or Math 115 and 116 if the student elects to take the year of calculus.

SUGGESTED PLANS OF STUDY

For Chemistry Majors

		Semester I	Semester II
Freshman year --	Chemistry	100 105 or 103 or 106 107 108	104 or 110
	Mathematics	115 or 116 or 215	116 or 215 or 216
Sophomore year --	Chemistry	211	313
	Physics	103 104 or 110	106 or 200
	Biology	100 or I	101 or II
Junior year --	Physics		106 if not taken earlier
	Biology	100 or I or 205	101 or II or 200 if not taken earlier

For Molecular Biology Majors

		Semester I	Semester II
Freshman year --	Chemistry	100 105 or 103 or 106 107 108	104 or 110
	Mathematics	115 or 116 or 215	116 or 215 or 216
	Biology	100 or I	101 or II
Sophomore year --	Chemistry	211	313 or 231
	Physics	103 104 or 110	106 or 200
	Biology	100 or 205	200 or 206
Junior year --	Physics		106 if not taken earlier

For Biology Majors

		Semester I	Semester II
Freshman year --	Chemistry	100 105 or 103 or 106 107 108	104 or 110 (This can be delayed one semester)
	Mathematics	115 or 116 or 215	116 or 215 or 216
	Biology	100 or I	101 or II
Sophomore year --	Chemistry	211	313
	Biology	205	200
Junior year --	Physics	103 104 or 110	106 or 200

And For Other Majors

A physics major should begin her physics program early and might postpone biology till sophomore or junior year. Students in non-science majors might wish to follow

the biology major's plan, but not begin chemistry until the sophomore year and take less biology.

Other Course Considerations: Pass/Fail Courses

In light of the increasing competition for admission, many people suggest you limit the number of pass/fail courses you take, and that you take all basic science requirements, even in the senior year, for a letter grade. Note: some Southern and Midwestern schools are less receptive to pass/fail in any course than Northeastern schools. It is also important not to plan heavy course loads in order to accelerate or finish requirements early, if this requires sacrificing understanding and subsequently a good grade. No freshwoman student is encouraged to take more than two laboratory sciences per term; thereafter, you can better judge the degree of difficulty of the courses and your ability to deal with them.

Summer School

In order to complete requirements, many students take summer school courses. Some schools offer specific summer programs for women or for minority students that provide tutorial services as well as career guidance and science coursework. Among those for minority students are Harvard's Health Careers Summer Program and Meharry's Biomedical Sciences Program. If your object is to live at home in order to save money, select the best local institution and be prepared to defend your action. Remember, when you apply to most schools, you will be obliged to submit a separate transcript for each school attended, including summer session. Schools might look askance at a record if most major sciences are taken in summer school. They also may take into consideration the quality of the summer school attended. If you have any questions about summer school, check with your advisor.

A WORD TO ALL: DO WELL AND ENJOY IT

Remember, while students not majoring in science must demonstrate strength and interest in science, it is most important to major in a field in which you have a genuine intellectual interest and which you enjoy. Again, do not allow your goal to enter professional school to impinge on your enjoyment of your undergraduate years. Exploring your interests and new fields, as well as "doing sciences", will contribute to your growth and maturity as a total person, and it is the "total person" that is evaluated for entrance and admission to school. The major purpose of your undergraduate years and post-graduate study is to enjoy learning and intellectual pursuits, to explore and develop new interests, and to broaden your understanding of the world you live in. It is a mistake to allow your interest in preparing for advanced study in a health field to become an obsession for high grades and narrow focus. Do your very best, but do not allow tension to destroy your perspective. To be "premed", "prevet", or "pre anything" <u>is</u> demanding and challenging, but it does not necessitate anxiety about grades or averages.

DECIDING LATER: POST-BACCALAUREATE PROGRAMS

Some students decide to enter a health careers too late to fulfill their requirements before graduation. In this case, it is possible to continue at Wellesley as a special student in Continuing Education. In addition, many colleges and universities in the United States have designed post-baccalaureate programs to meet the needs of liberal arts graduates whose interest in health blossomed late in their undergraduate career, re-entry and career-change students who needed courses to complete science requirements, and minority students who need exposure to and preparation for health careers. These

programs vary greatly in a structure, criteria used in selection of candidates, and successful placements of graduates into medical schools. Bryn Mawr's very structured and highly selective "post-bac" program has an 85% success rate in placement of its graduates into medical schools. Boston University which has a less structured program has a placement percentage of 47%. Other schools with post-baccalaureate premedical programs include Connecticut College, Columbia, University of Pennsylvania, Central Connecticut State College, Wayne State University, University of Florida at Gainesville, and Case Western Reserve.

Several schools which have programs specifically designed to serve minority students include Creighton University's School of Medicine, University of Minnesota's Health Sciences Minority Programs, and Fisk University's Meharry Medical College in Tennessee. Several programs allow undergraduates to review or complete premedical science courses with tutorial assistance when necessary. Creighton has a unique program designed for minority students who were not accepted to medical schools during the senior year application process, and the intensive year of retraining has helped determined students in successful reapplication upon completion of the program.

These post-baccalaureate premedical programs can be a tremendous asset in supplementing the ranks of medical schools with women, minorities, and older applicants whose sensitivities and life experiences can make them broader and more flexible physicians. Additional information on these programs can be found in the Resource Center in the Career Services Office or from the Health Careers Counselor.

CHAPTER IV

THE APPLICATION PROCESS, OR, "GETTING IN"

The application process varies greatly among different health professions, but most schools require a written application, standardized test scores, and an interview. While this chapter focuses on the very special procedures for applying to medical school, much of the information is appropriate to other fields, specifically dentistry, veterinary science, and osteopathic medicine. Still other fields in the health area have admissions requirements and deadlines more like graduate schools in the arts and sciences such as public health and clinical psychology. In fields such as pharmacy, optometry, and podiatry requirements fall somewhere in between these two extremes. For specific information on other fields be sure to check with the literature in your field and the Health Career counselors in Career Services.

In brief, the medical school application process begins more than a year and a half before matriculation. Ideally, you have been assigned an advisor from the Premedical Committee by December of your junior year, or if you are applying later, a year and a half before matriculation. In the spring of this year, you will work with your advisor and other members of the Premedical Advisory Committee to familiarize yourself with the application process; in the early spring an open meeting will review the process in detail. Since the MCAT is given in the late spring (as well as in fall) you will probably spend early spring reviewing for the examination. After the test, you will have a formal interview with your premedical advisor and one member of the Premedical Advisory Committee in order to practice your interviewing skills and to acquaint more members of the Committee with you as a total person. Prior to this interview, you will fill out a standard questionnaire (much like your medical school essays) and present it, transcripts from all the schools you have attended, and three to five current letters of recommendation to the Committee. All of this information will be used by your advisor and the Committee in evaluating your application, writing a composite letter of recommendation to medical schools, and advising you in your application process. The composite letter will be written in early summer, at which time you will be filling out medical school applications through the centralized Medical School Admissions Service (AMCAS) and for those which are not a part of this service, on your own. The fall will involve secondary applications and begin the interviewing process - a process which may continue until the next spring. During this time more updated letters will be written and you will be aided by your advisor who should be informed of your progress on a regular basis.

In the following pages we will review some of the more complex aspects of this process in detail. Questions on your individual case can be covered in discussions with your premedical advisor and, for other health fields, with the Health Careers counselor in Career Services.

THE NATIONAL MEDICAL SCHOOL PICTURE: COMPETITION IS INCREASING

As is the case with the other health careers, the number of students applying to medical school increased dramatically in the early seventies. For example, nationally, for the medical school class beginning in the fall of 1970, there were 24,500 applicants for approximately 11,500 positions. By the fall of 1976, there were respectively approximately 42,000 applicants for about 15,000 positions. In 1977 there was some decline in the total applicant pool.

TABLE I

	1969 -'70	1970 -'71	1971 -'72	1972 -'73	1973 -'74	1974 -'75	1975 -'76	1976 -'77
Total number of Wellesley Applicants	20	27	38	39	51	65	55	65
Number Accepted	16	17	28	26	38	40	30	39
Percent Accepted	80%	63%	74%	67%	75%	62%	55%	60%
Total number National Applicants	24,500	25,000	29,000	36,000	40,000	42,500	42,500	42,500
Percent National Acceptance	42%	46%	42%	38%	35%	35%	36%	37%

As noted above the total number of Wellesley applicants to graduate schools in health also increased substantially since 1970. While the total number of Wellesley applicants applying to medical schools has leveled off in 1974-76, the number of post graduates applying has continued to increase (from 27% of the total applicant pool in 1973-74 to 42% in 1976-77).

While the situation at Wellesley is not as competitive as the national picture, getting into school is not easy. In 1976-77 sixty-five candidates applied to graduate schools in the health sciences: 38 members of the Class of 1977 and 27 post-graduates. Of the members of the Class of 1977, two applied to veterinary schools and both of them were accepted; one applied to dental school and was accepted; 35 applied to medical schools and 22 were accepted (63%) for an overall acceptance rate of 66%. Three of the applicants were minority students, and all were accepted.

TABLE II

	Under-graduates	Post-graduates	Total
Number of Applicants	38	27	65
Number of Acceptances	25	14	39
Percent Acceptances	66%	52%	60%
Number of 3 Year Applicants	1	1	
Percent 3 Year Applicants Accepted	100%	0%	
Number of Minority Applicants	3		
Percent Minority Accepted	100%		
Number of Foreign Students	1		
Percent of Foreign Students Accepted	0%		
Number of Early Decision Applicants	2		
Percent of Early Decision Applicants Accepted	50%		

Of the 27 post-graduates, three applied to dental schools and two were accepted; 24 applied to medical schools and 12 were accepted, for an overall acceptance rate of 52%. Six of the post-graduates were Continuing Education students, and four were accepted. Only one of the six had applied previously, and she was not accepted. Of the 21 alumnae who applied, ten were accepted (48%). Most had graduated from Wellesley only one or two years ago 10-Class of 1976, 9-Class of 1975, 1-Class of 1974, 1-Class of 1972). All but one had applied previously. While the number of undergraduates applying has remained constant for the past two years, the number of post-graduates has increased by 40%. Two members of the Class of 1977 applied through the Early Admissions Program at Dartmouth and the University of Cincinnati. One was accepted early admissions; the other was not accepted in early admissions or regular admissions.

INCREASING YOUR CHANCE FOR ADMISSION

- *Selecting Schools: Apply Widely and Wisely*

Careful application can make a difference. It is important to apply to a substantial number of schools. For example, successful Wellesley school applicants usually apply to between 15 and 20 schools. There is, however, no magic number of schools that you should select for application. As a rule, apply only to those schools that offer a program compatible with your interests and for which you have a reasonable chance of gaining admission. Your advisor can be very helpful in helping you to choose schools which meet these criteria. As mentioned earlier, the best sources of general information about all medical schools are the AMCAS books, Medical School Admissions Requirements (MSAR) and AAMC.

Curriculum Directory. In addition, you should carefully read individual school catalogues, copies of which can be found in the Resource Center of the Career Services Office. Also available for your perusal are letters of evaluation from Wellesley alumnae in health professions. Some factors to look for are multi-track curricula, introduction to clinical work in the first or second year, more options for independent work, pass/fail grading, number of electives, opportunity for independent work, community involvement, record of graduates and the school's basic philosophy. Study published data and visit specific schools so you will be directing yourself toward a school which has the type of program and curriculum of interest to you. For example, some medical schools are known for training practicing M.D.'s, others train research-oriented doctors, others have strong programs in certain specialties such as family medicine. A number of medical schools offer the option of completing training in three years while others grant advanced standing students with Ph.D.s and/or offer combined M.D.s/Ph.D. programs in selected departments. To ascertain the availability of such programs consult the latest edition of the AAMC Curriculum Directory.

State Residency

State residency is probably the most influential factors in the school selection process. Applicants should always apply to public schools in their home states or regions since these schools give preference to state residents. In addition, since private schools get state funding and also usually give preference to state or regional residents, they should be considered a good bet for application. Chances for admission to a public school for an out-of-state or an out-of-region student may be difficult or impossible. Some states, such as Massachusetts, will not even read applications from residents of other states. Others, such as Vermont, have a limited number of places allocated to students from particular states or give second preference to students from their region. When deciding which medical schools to which you should apply, look carefully at the percentages of in- and out-of-state applicants accepted at each school, both public and private. The MSAR mentioned earlier spells out these rates in detail. If you are not a resident of a state with a medical school, it is particularly important to talk to your medical school advisor about regional preference. If you do not have state residency, careful application can be even more important.

In choosing how many applications to make to state or private schools, remember being from a certain state matters. For example, applicants from states such as Pennsylvania, Ohio, Michigan, Illinois, or Texas which have large state funded medical schools that give priority to state residents should know that they are in a very favorable situation as compared with applicants from states without state medical schools or with medical schools too small to serve the population. These people may be able to afford to apply to fewer schools. New York, however, has a large number of state supported medical schools, but does not offer enough places to accomodate many of the qualified state residents. These students may have to apply to more schools. Wellesley's experience also indicates that students from New Jersey, Connecticut, and California may be at a disadvantage in the admissions process, New Jersey and Connecticut, because they have very few places for their students, and California because it accepts most students from its undergraduate state systems. Since large Western and Midwestern schools may question whether residents who "go East to school" in fact will return to practice in their home states, it is important for residents of all of these states to make their interest in their home area clear in their application. If you are a resident of Alaska, Arizona, California, Colorado,

Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, or Wyoming you should investigate the Western Interstate Commission for Higher Education, P.S.Drawer P, Boulder, CO 80302.

It is also important to check the profiles for entering classes and guard against applying to schools that all fit the same pattern of selection, both state and private. In all cases, careful picking and choosing can improve chances of acceptance.

Early Decision Programs

If you have a strong record and a particular interest in one school you may wish to apply through the Early Decision Program if the school offers such a program. This information will be indicated in the MSAR. Under this program an application can be filed with only one school. Applications must be completed earlier than the deadline - usually by September 1st - and the school promises a decision by October 1st. The disadvantages of this plan lie in the necessity of submitting "late" applications to other schools if you are not accepted. If you wish to apply early decision you must notify the Premedical Advisory Committee at least two weeks before you wish your materials submitted under this plan. This is essential for summer applications since your letter will need to be written early.

Note: A Word on Applying to Foreign Medical Schools

Many applicants consider enrolling in a foreign medical school as an alternative to U.S. schools. Students need to know that most foreign medical schools open to U.S. citizens provide little or no personal attention and utilize teaching practices which are by no means equivalent to U.S. schools. In fact, there are a growing number of schools which appear to have been established to exploit U.S. students. Because the situation with foreign medical schools is so complex, it is critical to discuss any application to a foreign medical school directly with an advisor before applying. The Rejected Medical School Applicant: Options and Alternatives is an interesting source of information available in the Resource Center.

- *A Special Word on Selection for Minority Student Applicants*

In recent years, medical schools throughout the U.S. have instituted special admissions programs and procedures designed to remedy the critical shortage of minority physicians. While the future of special programs remains in transition while the courts resolve the historic "Bakke" case, most medical colleges continue to actively recruit qualified minority candidates. Several systems of identification and screening of minority applicants have been developed. A minority student may contact the Association of American Medical Colleges (AAMC) which circulates a list of minority students (entitled Medical Minority Applicants Register (MED-MAR) to all U.S. medical schools at no charge. This can also be accomplished by declaring your minority status at the MCAT examination.

In addition, a list of Minority Affairs Officers for most of the medical colleges in the U.S. is available in the notebook entitled "Programs of Study for Minority Students" in the Resource Center. Other relevant publications in the Resource Center include: Minority Student Opportunities in United States Medical Schools, published by AAMC: Guide to Medical Admissions for the Minority Student published by the Student National Medical Association.

It is also wise for students to establish contacts with minority medical students in the Boston area. Minority students at Harvard Medical School have several organizations which hold regular meetings are are open to undergraduates. In

addition several national as well as regional organizations which provide information for minority students are:

Aspira of America, Inc.
245 Fifth Avenue
New York, NY 10016

National Chicano Health Organization
1709 W. 8th St., Suige 517
Los Angeles, CA 90017

National Council of Negro Women,Inc.
Health Careers Program
815 Second Ave., Suite 901
New York, NY 10017

Project 75
National Medical Association
1020 S. Wabash Avenue
Chicago, IL 60605

Association of American Indian Physicians
721 N.W. 14th Street
P.O.Box 26901
Oklahoma City, OK 73105

Minority Students In Higher Education
Western Interstate Commission for
Higher Education (WICHE)
P.O.Drawer P
Boulder, CO 80302

- *And For Foreign Students*

Foreign students may find it particularly difficult to gain admission to U.S. medical schools. Even among those with extremely fine qualifications, the numbers admitted are discouragingly low. Good information is included in the MSAR. In addition, students should check with Wellesley alumnae who are in U.S. schools and their premedical advisor for advice and strategy.

ADMISSION CRITERIA: OR WHAT THE MEDICAL SCHOOLS REVIEW

- *The Numbers Game: Grades and MCAT Scores*

There are a number of standardized criteria to keep in mind when deciding to which medical schools you should make application.

Grades

During the application process, you will be required to calculate a Grade Point Average (GPA) (based on 4.0) for all of your course work and for your course work in the sciences as follows:

A	=	4.0	C+	=	2.3
A-	=	3/7	C	=	2.0
B+	=	3.3	C-	=	1.7
B	=	3.0	D+	=	1.3
B-	=	2.7	D	=	1.0

Many medical schools put extra weight on the GPA in the sciences when evaluating an applicant's ability to master the rigorous basic science curriculum of medical school. Most Wellesley applicants major in one of the sciences. However, this is not mandatory, and students who complete the minimum number of required science courses have equal chance of admission. As mentioned earlier, it is important, however, that

they do well in the science courses in order to demonstrate the capacity to continue on in the sciences. When choosing where to apply to medical school, also check the mean Grade Point Average mentioned in the MSAR booklet.

Clearly, GPAs are important. For example, since 1963, the undergraduate academic record of each successive class of first year medical students has improved. In 1963, 12.3% of the entering class had achieved an undergraduate average of A (GPA of 3.6 or above). By 1974, A students comprised 42% of the total group, and even higher percentages of strong performers undoubtedly are included in the class that entered last fall. The overall mean GPA of successful candidates is currently at the 3.5 level. Recent applicants accepted to medical school with C averages represent 5% of the total, and usually are students who have achieved strikingly improved performance in their premedical studies after modest beginnings in their freshwoman and sophomore years.

TABLE III

Table III indicates the Grade Point Average (GPA) of applicants admitted from Wellesley.

Class of 1977	Accepted Applicant Group	Unsuccessful Applicant Group
Overall GPA	3.41 (3.01-3.83)	3.09 (2.80-3.70)
Science GPA	3.40 (2.84-3.83)	3.04 (2.30-3.40)

While your GPA is clearly important, it is also important to emphasize that admissions committees carefully consider each candidate's overall performance, not only whether it improved or declined with time, but also the level of course work difficulty and the amount of course work attempted during any given semester. Therefore, a mean GPA for thousands of successful applicants cannot be narrowly interpreted as representative of all accepted applicants.

The Test: Taking the MCAT

Almost all medical schools in the United States require or strongly urge students planning to apply for admission to take the new MCAT. The MCAT is given twice a year - in the spring and fall on a Saturday - and should be taken about 18 months before the student plans to enter medical school. There is no provision for make-up exams and an application to take the exam must be made in advance, ususally three to four weeks in advance of the test date. The examination fee is $35. Since most medical schools will not consider your application until your test scores are in, students are strongly advised to take the test in spring. Scores will then be recorded by July, and the application complete at the time of filing. Results from the fall test will not be available until November, thereby substantially delaying consideration of your application and lowering your chance for admission. This is not to say that students are not admitted who take the fall MCAT, however, successful fall applicants usually have higher GPA and MCAT scores. NOTE: Applicants to medical school in 1977-78 and thereafter are required to take the new MCAT even if they have taken the MCAT prior to 1977.

Registration forms for the new MCAT are available in the Career Services Office and from the premedical secretary in the Science Center. Test reports are automatically sent to the examinee, the Premedical Advisory Committee if requested by the student, and any schools the student so designates for an additional fee.

Content: What the Test Covers

The new MCAT format was devised in 1977 and is designed to be an objective measure of science knowledge and its application in solving related problems and other learning and reasoning skills important in the study and practice of medicine. This revised test assesses student's ability to work with reading and quantitative information, their knowledge in biology, chemistry, and physics, and problem-solving skills in all three sciences. It requires one day of testing and is given in four sections. A Science Knowledge and a Science Problem test are given in a three-hour morning session. During another three-hour session in the afternoon, the Skills Analysis: Reading and the Skills Analysis: Quantitative tests are given. Preparation in Biology, Chemistry, Physics, and Math are required for the morning test and for the Quantitative Skills exam. No special preparation is required for the Reading Skills test.

A complete description of the test is contained in the New MCAT Student Manual available from the AAMC. The manual presents:

- areas in science and specific skills to be assessed by the examination;
- mathematics background required for Physics and Quantitative Skills Analysis;
- general suggestions for taking the test;
- a practice test;
- a supplementary illustrative test containing questions in text format very much like that of the actual test.

Careful development research provided guidelines for timing examinations so that nearly every student should finish. The manual provides students with an estimate of time needed to work each problem set and/or question within time allotted and according to total number of questions per section.

Actual Test Working Time

1.	Science Knowledge	100 minutes
2.	Science Probelms	70 minutes
3.	Skills Analysis: Reading	90 minutes
4.	Skills Analysis: Quantitative	90 minutes
	TOTAL	350 minutes

Estimates of Additional Time at Test Center

1.	Instructions, distribution and Collection of materials	40 minutes
2.	Lunch and rest breaks.	60 minutes

Science Knowledge	25 Items
Biology	
Chemistry	
Physics	
Science Problems	66 Items
Biology	
Chemistry	
Physics	
Skills Analysis: Reading	68 Items
Skills Analysis: Quantitative	68 Items

Preparing for the Test

As mentioned earlier, minimal course preparation for the new MCAT includes: one year of biology, one year of inorganic chemistry, one year of organic chemistry, and one year of physics - all at the first-year level. In addition, the new MCAT requires the following mathematics:

- An understanding of fundamental concepts in the following areas to the extent normally covered in a second-year high school algebra text: Algebra; under-

standing of, but not computation with, exponentials and logarithms (natural and base ten); scientific notation; graphic representations of data and functions - terminology (abscissa, ordinate, etc.); slope, rate of change; the use of arithmetic, semi-log and log-log scales.

- The knowledge of the definitions of the basic trigonometric functions (sine, cosine, tangent); the values of the sines and cosines of 0 degrees, 90 degrees and 180 degrees; the relationships between the lengths of sides of right triangles containing angles of 30 degrees, 45 degrees, and 60 degrees.

- The use of metric units and common English units. The ability to balance equations containing physical units. Conversion factors between metric and English systems will be provided where needed.

- An understanding of the relative magnitude of experimental error and of the effect of propagation of error.

- An understanding of the following descriptive concepts of statistics: the ability to interpret data presented in proportion of percentage form; the ability to determine the average (or arithmetic mean) of a set of quantitative data: and the ability to determine the range, relative variability, and relative accuracy (number of significant digits) of a set or sets of quantitative data. Computation of such statistics as the median, mode, or variance will not be required unless computation procedures or definitions are given with the questions. Additional statistical preparation will not be required. An understanding of vector addition and subtraction is required. Dot and cross product are not required. An understanding of calculus is not required.

Practice Helps

As is the case with all standardized tests for health professions schools, prior to taking the MCAT all subjects should be reviewed and applicants should practice taking the standardized test. The New MCAT Student Manual mentioned above describes the exam in detail and indicates the types of materials upon which test questions are based. Since suggestions for preparing to take the exam and sample questions are included in the manual, it is a good place to begin your review. This manual can be ordered on your own or is available from the Premedical Advisory Committee or from Career Services. An order for is part of the packet that includes the applications form for the exam.

Many students are interested in whether they should also prepare for the MCAT tests by taking a standardized review course. Since review courses which help organize time and teach subject matter differ greatly in quality and expense we suggest you check carefully with your advisor if you are considering taking any review course.

Scoring the Test or How Well You Have To Do

Six new MCAT scores are reported. Each is presented on a scale ranging from 1 (lowest) to 15 (highest). Scores in biology, chemistry, and physics are determined by combining the science knowledge questions for each discipline with the science problem questions for the respective discipline. A fourth score is reported for science problems, combining biology, chemistry, and physics questions within this section. In each of the skills analysis sections there is a single score.

There is no such thing as a "passing score" for the MCAT. Moreover, it is difficult to evaluate the score since various medical schools use them differently and the new test has been taken by a very few groups of applicants, so good statistical studies are not available. In addition, a few schools still do not require MCAT scores, while others use certain scores as a preliminary application cut-off. At some schools only very high or very low scores influence committee decisions substantially. While each medical school determines its own policy on how it will use the scores, scores are important as part of the overall picture of an applicant, and the higher your scores the greater your probability of being competitive in the total applicant pool.

Where the data is available, Table IV will list the average MCAT scores for Wellesley undergraduates applying in 1977-78. Although these scores will be based on limited data, we expect they will indicate that medical schools are using this national standardized test as a measure of academic potential and achievement and that the test must be taken seriously. The present table, which covers the old MCAT, illustrates that while the test was important, there was a wide distribution of scores within the successful and unsuccessful applicant categories. Although the scoring system of the New MCAT is not comparable to the old, a similar range of scores and outcomes is expected.

TABLE IV

	Accepted Applicant Group	Unsuccessful Applicant Group
Class of 1975		
Average MCAT	599 (448-693)	589 (565-668)
Science MCAT	596 (415-755)	599 (395-695)
Class of 1977		
Average MCAT	609 (555-713)	589 (490-665)
Science MCAT	626 (545-795)	582 (515-665)

- *Who You Are: Your Experience Does Count*

Medical School Admissions Committees are receiving increasing numbers of applications from well qualified applicants as evaluated by standardized GPA and MCAT criteria. Although a good academic record and a strong performance on the MCAT is important, your personal experience and philosophy also matters. Admissions Committees are interested in you as a total person, in your perception, knowledge, and experiences, extra-curricular activities, jobs, internships. Any experience indicating leadership and community involvement, particularly in medically related settings and/or direct patient care, are positively weighed in judging your application. Practical experiences serve both to confirm your interest in a medical career, and to assure medical schools that you are basing your career plans on a realistic understanding of the profession. As mentioned above, there are a wide variety of ways to gain these personal experiences. The Internship Coordinator in Career Services can give you information on opportunities, term time, summer, and January. Most of these are unpaid, but a few will also offer pay. Career counselors in the Career Services Office, as well as premedical advisors, can help you create your own opportunities as well. You will have a chance to discuss these experiences in your essay(s) and interviews.

- *Letters of Recommendation*

Letters of recommendation are another important way that medical schools will evaluate who you are. In addition to general counseling and advice, as mentioned earlier the Premedical Advisory Committee also aids most students in making their applications to medical school by providing the composite faculty letter of recommendation required by most medical schools. This letter is composed by the member of the Committee who is the student's advisor and presents as full a picture of the applicant as possible based on the advisor's personal knowledge of the student, information supplied by the student before and during her interview with the Committee, and the letters of recommendation written by individual faculty members. These latter are generally quoted in full as part of the text of the composite letter. Prepared over the summer, these letters are ready for mailing, upon request, by September 1. In addition to preparing and mailing composite letters, the secretary of the Premedical Committee also processes other letters of recommendation from employers or internship directors that the applicant may also wish sent as part of the application process.

MAKING APPLICATION

After you have taken the MCAT, calculated your GPA, and begun to select your schools, the application process begins. Before you begin to fill out your application forms, obtain for your own use, a complete set of transcripts for referral and begin to organize your thoughts about the materials for the essays you will be asked to write. How do you wish to present yourself? What have been the important influences of your decision to enter medicine or the health professions? What has your practical experience in health care meant to you? What are your long range goals? What kind of a physician do you wish to be?

- *Using American Medical College Application Service (AMCAS)*

AMCAS is a centralized processing service for applicants to the approximately ninety U.S. medical schools that participate in its activities. If you apply to a participating medical school, you must apply through AMCAS. This means that you submit one set of official transcripts and your completed AMCAS

application forms to AMCAS. After verification of these materials, AMCAS will send copies of your AMCAS forms and your MCAT scores to the medical schools to which you wish to apply. (You will also want to leave a complete copy of your application with your premedical advisor.) No processing of an applicant's material will begin until both the application materials and all required official transcripts are received by AMCAS.

A list of participating AMCAS schools is found in the MSAR and in the AMCAS application materials packet. This packet is available from the secretary of the Premedical Advisory Committee and from Career Services Office or can be obtained by direct application to AAMC.

A service fee is charged by AMCAS according to the number of participating schools to which the applicant wishes to apply. The fee for application to one school is $20, two schools $25, and so on. Above five schools, the incremental fee is $10 a school. The AAMC also offers an AMCAS fee waiver program to deserving applicants who are applying to AMCAS participating schools. Eligible students may apply up to ten AMCAS schools without charge. Specific information and the proper fee waiver applications are contained in the AMCAS application packet.

After receiving materials from AMCAS, medical schools may notify the applicant directly of any additional fees, letters of recommendation, or other items of information which may be required which should be forwarded directly by the applicant to individual medical schools. Most students have the composite letter of recommendation mailed directly to AMCAS schools at the time of application or by early fall.

- *Applying to Non-AMCAS Schools*

Applications to non-AMCAS schools should be submitted directly to the school. It is important to consider to which, if any, you will apply to before taking the MCAT since your examination fee entitles you to have your scores sent to six non-AMCAS schools. This request must be made at the time of taking the exam, otherwise you must make arrangements and pay an additional fee to have your scores sent. As is the case with AMCAS schools, most students submit the letter of recommendation at the time of application or by early fall.

- *The Essay*

As mentioned above, the personal essay is a vital part of your application. You will need to write one as part of your primary AMCAS application, other non-AMCAS applications, and for secondary applications. As is the case with GPA and MCAT scores, the importance of the essay will vary from one school to another. For some schools it is critical. In all cases however, it is important that it be clear, easy to read, and grammatically correct. This is your opportunity to present yourself as an individual rather than a statistic, so prepare the essay carefully and use the opportunity to provide information that you feel is crucial to your application.

When you begin to write, pay careful attention to the questions asked. Answer them succinctly and clearly in sentence form, unless otherwise directed. Be neat, spell correctly and use correct grammar. If you discuss your research remember "data" is a plural noun, pronouns should agree in number and case with their antecedents, and that it is always a good idea to ask another person to check over your essay. Type your applications, if at all possible and make sure they are free of errors. Don't correct by typing over a mistake; take pride in what

you submit. Recognize your strengths and maintain perspective. Be serious, but not too serious and make your presentation honest and true. When finished, be sure to keep a carbon or xerox copy for your record and for use in filling out the next application.

- *Timing Is Critical*

Remember, timing of applications is extremely important for all schools in the health professions. For example, those sending applications for medical school completed between July 1st and September 1st have a better chance of being reviewed completely, and these candidates have a significantly better chance of being interviewed early and accepted. In fact, most applicants apply during the summer preceding their senior year. Whenever you apply, you should be aware of the individual school's application deadlines. Many schools will not waive these deadlines under any circumstances. For medical school applicants, the application deadlines for each individual school are in the MSAR. For other applicants, check the literature in your field.

After you have completed your primary AMCAS or other primary applications, more work begins. As mentioned, you will receive second applications to fill out, sometimes even third applications. You will need to check periodically with the medical schools to make sure that your application is complete. Remember, schools do lose (or don't receive) your materials. You may simply want to send a self-addressed stamped post card to each school with something like this on the back:

My Name Is:_____

I have applied to_____

for entry in_____

Please check my file and indicate below if anything is missing.

Thank you for your cooperation.

Send these to each school, perhaps once a month, until you have received word of your acceptance or rejection. In addition, you will want to keep them up to date on your progress and your continued interest in their program. Your advisor can discuss the timing of this process with you in detail. Make sure you contact your advisor directly or through the premedical secretary monthly as the year progresses.

THE INTERVIEW

Interviews by medical schools are obligatory; virtually no one is admitted without being interviewed. If a school is interested in you, the admissions officer will normally request that you come for an interview. In most instances interviews are reserved for the relatively small percentage of the applicants who have a reasonable chance for admission. Thus, a request for an interview which is initiated by the student may not be honored. If, however, the school is in a distant place and you wish to cover several schools in one trip, it does not hurt to write to request an interview. Schools may make an effort to meet such requests, particularly if they

would be interested in interviewing you later.

Most interviews take place on the school's home territory. In some cases schools will send out a representative to interview students from a region. There are mixed reports on whether it is best to have a regional interview with someone "on the road", or an alumna, or an interview at the school itself.

Interviews last from 15 minutes to over an hour and are conducted by one or more persons. They vary considerably from school to school and from interviewer to interviewer. They can deal with the standard question of why you want to be a doctor or they can turn into a discussion of your personal backgrounds and interests (medical and otherwise) sports, hobbies, extra-curricular activities, unusual achievements or apparent inconsistency in senior record. They can also include a detailed discussion of your research of hypothetical medical problems.

Interviewers and interviewees range from friendly to indifferent to hostile. If you find yourself in a seemingly hostile interview, keep your composure, be honest, and refrain from showing anger. Such interviews may stress difficult hypothetical, ethical or sex-biased questions, i.e. "What are your feelings about socialized medicine, the health crisis, euthanasia?" "Do you plan to marry?" "How do you plan to combine your career with raising a family?" "Why should an admissions committee select you above a male applicant?" Be prepared to answer such questions and to discuss your decision to go into medicine and to be a doctor. It is a good idea to look for the concern behind the question and to address the concern when the question seems inappropriate. There are no "right answers" to such questions. A good response will show that you have considered some of the hard questions and are in the process of formulating your own answers. In many cases, these stress interviews are designed specifically to determine your composure and behavior under stress.

The interview is also an important opportunity to interject information that you feel is crucial to your application. Talk about your special interests as well as any strong points in your application. Do not be shy about bringing up your strengths, and do not be evasive about weaker aspects of your application. You might also ask the interviewer for details about both curricular and non-curricular aspects of the school.

Students usually begin to be asked for interviews in the fall. Although students are interviewed and accepted in the spring, summer and even as late as the first day of classes, most students are accepted based on fall or early spring interviews. To prepare for an interview, read the literature on the school you will be visiting, talk to your premedical advisor and check with students who have already been interviewed at the school. If you are unsure of how to interview, it is always a good idea to practice interviewing with your advisor or with another student. After you have returned from an interview, be sure to write a short follow-up thank you letter commenting on your continued interest in the school and any experience you found particularly interesting.

WHEN YOU GET IN

Accepted applicants may hear as early as October (for early decision), in December or January, or as late as the first day of class. Most students begin to hear in February or March. After weighing carefully alternatives among accepted schools and making a decision, you should immediately notify any schools which you would not attend and where your application is still pending in order to be fair to other students who are still awaiting acceptance.

FINANCING MEDICAL SCHOOL

It is difficult to find outside funds for financing medical school. Financial support when available, comes primarily through the individual medical schools. A detailed description of these and other sources is found in the MSAR book. Note: it is not advisable to try to carry a job while you are in medical school. There is simply not time to do all that you will want to do and earn money at the same time.

Specific resources have been established to help meet the financial burden which medical school education places on minority students. The Robert Wood Johnson Foundation Student Aid Program, Armed Forces Health Professions Scholarship and National Fellowship Funds Graduate Fellowship for Black Americans, are among the sources which minority premedical students should investigate for financial aid information. How to Pay For Your Health Career Education - A Guide For Minority Students and more detailed scholarship and fellowship information is available in the Minority File - Notebook 4 in the Resource Center. Financial aid information for other students in medical and other health sciences is also available in the Scholarship and Fellowship information in the Resource Center. It should be noted however, that foreign students may find it difficult or impossible to find any aid for attending medical school in the United States.

WHAT TO DO IF YOU DON'T

If you have not received interviews or a positive word from medical school after interviews, it is important to contact your premedical advisor. There may be a variety of reasons why you have not heard. Some, you may be able to remedy, others you may not. If you are not accepted to medical schools the first time, there are a number of things you can do. If the chief reasons for your rejection can be identified and corrected, you may wish to reapply directly. Weak scores on the MCAT can sometimes be improved by retaking the test. However, a low GPA or lack of experience in health will take time to remedy. Applicants are urged to wait a full year before reinstituting their applications so that they will look like different candidates when applying. Remember, the acceptance rate for repeat applicants is below that for first-time applicants. Be sure you have identified the reason for rejection and have developed a good reapplication strategy. At this time, it may be very important to reassess exactly why you want to be a physician (e.g. helping people, status, security) and which other occupation will and will not fulfill these needs. Don't fool yourself: for example, if your main reason for considering medicine is that you want to help people, why not consider nursing or social work? If you don't want to, fine: reassess your main reason. Dr. Carlos Pestana, Dean of Student Affairs and Chairman of the Admissions Committee at the University of Texas Medical School in San Antonio has written a very perceptive book entitled The Rejected Medical School Applicant: Options and Alternatives which is recommended reading for anyone applying to medical school, but especially those who have not been accepted. It is available in the Resource Center of the Career Services Office or may be purchased from the author, Dr. Carlos Pestana, P. O. Box 32617, San Antonio, TX 78216 at a cost of $10. Your premedical advisor can also be very helpful in this area.

IN REVIEW: AN APPLICATION CALENDAR

DECEMBER

- Students applying for admissions to medical school for the year following should leave their names with the Premedical Committee secretary prior to Christmas vacation. This is especially important for those who will not be on campus for the second semester. Juniors who are away for the year on the 12 college exchange or for some other reason, should also check with the Chairman of the Premedical Advisory Committee before leaving Wellesley.

FEBRUARY/MARCH

- Gather information: early in the second semester the Premedical Committee sponsors an informational meeting for students who plan to apply to medical school, dental school, and schools in veterinary science. Distributed at this meeting are specific instructions and suggestions for the application process.

APRIL

- In spring you prepare for the MCAT and write a sample essay. In applying to medical schools a short personal essay of your reasons for undertaking a medical career is requested. In preparation for this and to help the Premedical Advisory Committee in its evaluation of you, you will be asked to fill out and return a premedical resume form and questionnaire. In addition, you will be asked to complete forms for faculty recommendations. As mentioned earlier, if possible, do not wait to take the MCAT until the fall. It delays action on your application and diminishes your chances for admission.

APRIL/MAY

- In late spring you will be interviewed by your advisor and another member of the Premedical Committee who will evaluate your chances for admission and their support of your application. Prior to this meeting, you will turn in your resume, your answers to the essay questions, and your faculty letters of recommendation.

JUNE

- In late May or early June of your application year, write for the AMCAS application booklet. The 15th of June is the earlies date for submission of AMCAS materials in 1977. Since AMCAS expects to receive all your transcripts prior to the receipt of the AMCAS form, you should contact the Registrar before you leave campus to arrange to have your records sent to AMCAS. As with the MCAT, it is important to start your AMCAS proceedings as soon as possible. During this month you should also write to non-AMCAS schools to request application forms, catalogues and financial aid information. Some AMCAS schools require direct submission of application materials in addition to AMCAS forms. All applications should be filled out and submitted as soon as possible. Note actual final deadlines in the MSAR.

SUMMER

- Remember your objective in writing your application should be to provide all information that the school requests and also any information that you want conveyed. For example, any interruptions in your education or poor grades should be explained. Express yourself concisely, clearly, and positively. On non-AMCAS applications do not hesitate to attach an appendix or extra page. Correct spelling, grammar, and sentence structure is of high priority.

  During the summer submit to the secretary of the Premedical Advsiory Committee credential requests for each school to which you want your composite letter sent. Request forms are available from the secretary. The letters will be sent to the school as soon as your composite letter is completed. No composite letter will be completed until the Committee has received your grades and, if possible, MCAT scores.

FALL

- Check with the schools to determine whether your application file is complete. Remember you cannot rely on the schools to inform you of missing materials. With more and more applications for each available position, medical schools are swamped. This means that forms may be misplaced, misfiled, or lost. It is advisable to keep copies of all materials sent and to check on your application periodically by telephone or letter. In addition, you might wish to make out self-addressed stamped post cards for distribution to each school.

NOVEMBER/DECEMBER/JANUARY

- By late fall and early winter you should begin to receive requests for interviews. If you haven't, check with your advisor. You may wish to write additional letters, particularly after you have received your first semester grades. If you have had interviews, but have not received an acceptance you should write additional update letters informing them of your grades, your progress on special projects, etc.

MARCH AND BEYOND

- This is the time to make decisions based on the information you have thus far. If you have not been interviewed you will want to work with your advisor to develop a strategy for interview and/or your next year plans. If you have been interviewed, but have not been accepted you will want to inform schools of your continued interest. If you have been accepted at several schools, during this spring season you will want to make good choices among your alternatives. And, remember, do not keep your files active at schools which you would not accept over those where you have already been accepted simply because you were interested in finding out whether you will "get in". It simply is not fair to other students. Finally, remember: it is worth it. Women in health occupations find themselves in personally satisfying and rewarding careers.

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